Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27				application Numbe	r 10/518,19	7		
				iling Date	12/16/200)4		
				irst Named Invent	or Yasuo Na	kamura		
				Examiner Name	Lessanewo	ork T. Seifu		W-trackatalahan anan ang ang ang ang ang
				art Unit	1743			***************************************
TOTAL AMOUNT OF PAYMENT (\$) 1050.00				Attorney Docket	5623			
IETHOD OF PAYM	E NT (check all t	hat apply)						
Check Cree	dit Card	Money Order	None	Other (please	identify):			
Deposit Account		•	0650	Deposit Acco				117747-4-1-N
-	•			reby authorized to:	F	apply)		
Charge	fee(s) indicated	below		Charge	fee(s) indicated	below, except	for the f	iling fee
		ee(s) or underpayi	ments of fee(i)	ny overpayment	S		
under . ARNING: Information on	37 CFR 1.16 and this form may beco		eard informatic	hea-Tananad				
ormation and authorization								
EE CALCULATION				may be subject to	a surcharge.)			
BASIC FILING, S			N FEES EARCH FE	ec EVAND	IATION EEEC			
	FILING FEES Small Entity		Small E		EXAMINATION FEES Small Entity			
Application Type		e (\$) Fee			Fee (\$)		Fees Pa	nid (\$)
Utility	310	75 51	10 255	5 210	105			
Design	210 1	105 10	00 50	130	65	*******		***************************************
Plant	210 1	105 31	10 155	5 160	80	-		
Reissue	310 1	155 51	10 255	620	310	4		
Provisional		105		0	0			
. EXCESS CLAIM			, 3	v	v	No. Common		Small Entity
ee Description	LLO					Fe	e (\$)	Fee (\$)
ach claim over 20 (inc	luding Reissues)				5	50	25
Each independent claim over 3 (including Reissues)							10	105
Iultiple dependent cla							70	185
Total Claims - 2	$\begin{array}{ccc} \underline{0 \text{ or HP}} & \underline{\mathbf{F}} \\ 20 & = \end{array}$	Extra Claims 0 x	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u> = 0)			pendent Clain
HP = highest number of						<u> F</u>	ee (\$)	Fee Paid (\$
ndep. Claims - 3	or HP H	Extra Claims	Fee (\$)	Fee Paid (\$	3)	***************************************		
1 -	3 =	_	200,07	= 0	<u> </u>			
HP = highest number of	ndependent claims	paid for, if greater t	han 3.					
. APPLICATION SI								
				cluding electronica for small entity) for				
		37 CFR 1.16(s).	,					
Total Sheets	Extra Sheet			additional 50 or f				Fee Paid (\$)
- 100		_ / 50 =		(round up to a whole i	number)	К	=	
OTHER FEE(S)								Fees Paid (\$
Non-English Spe	-	130 fee (no sma	-	•				
	iling surcharge):	Three Month F	Extension of	Time fee				\$1050.00
Other (e.g., late f								
Other (e.g., late f								
	Mari	,		Registration No		Telephone	412-4	71-8815